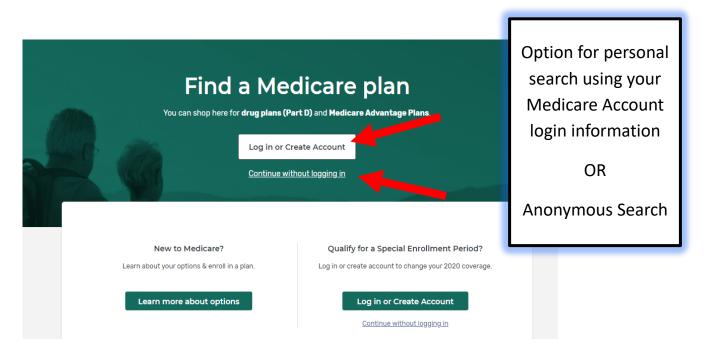
Guide to the Medicare Plan Finder

Type "www.Medicare.gov" into your web address bar.

The Medicare Homepage will open as follows:





Log in to your account

No account? Get a more personalized experi	ence - <u>create an account now.</u>	
		Click here to
USERNAME	_	Create Account*
		Or
PASSWORD		Enter your
		Medicare
		Account login
Log in		information.
Trouble logging in?		
Using a shared or public computer? Be sure		

keep your information secure.

If you entered your Medicare information,

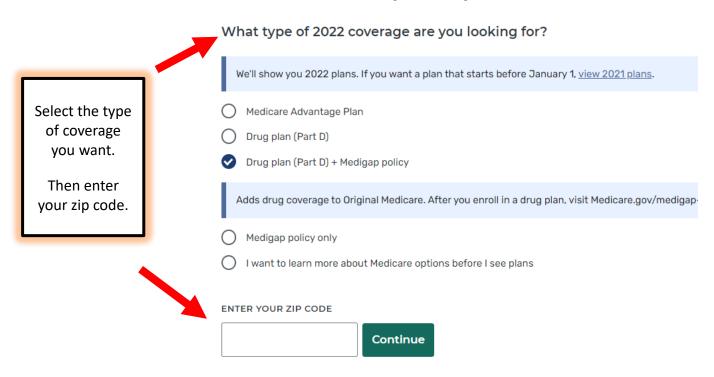
you will be asked to *Answer a few quick questions*. Your current coverage will be displayed. Available data will be pulled into the form from your Medicare Account.

You will then need to verify (and edit as needed) your **prescription medication list** before making your **pharmacy selection**.

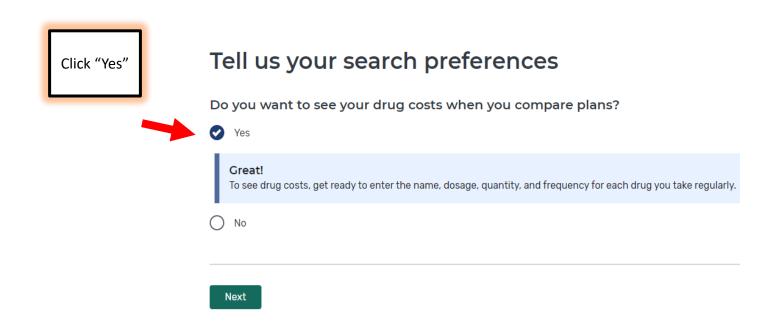
^{*}See Instructions for Creating a Medicare Account.

For an Anonymous search see below:

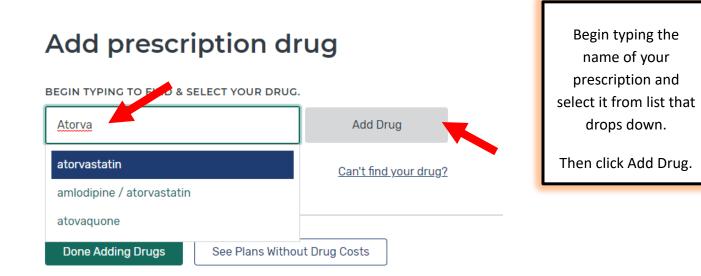
Answer a few quick questions



Do you get help with your costs from one of these programs? Medicaid Answer the next Supplemental Security Income question for more Medicare Savings Program accurate drug cost estimates. If Extra Help from Social Security you don't know I'm not sure click "I'm not I don't get help from any of these programs sure". Then click "Next". Next

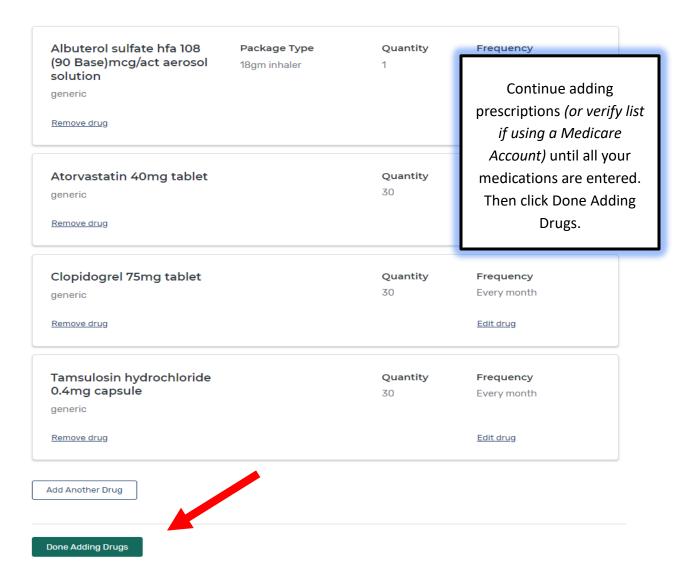


If you don't take prescription drugs, you may search without entering drug information, **OR** you may find **SeniorCare**, the Wisconsin State Pharmaceutical Assistance Program, to be a better option. You can find an application at: https://www.dhs.wisconsin.gov/seniorcare/index.htm



Tell us about this drug Atorvastatin Next, enter the dosage, quantity and DOSAGE frequency 40mg tablet information. QUANTITY FREQUENCY Then click Add to My 30 Every month Drug List. Cancel Add to My Drug List

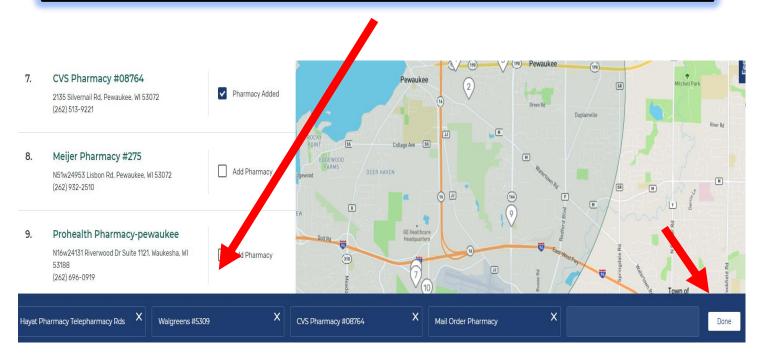
Confirm your drug list



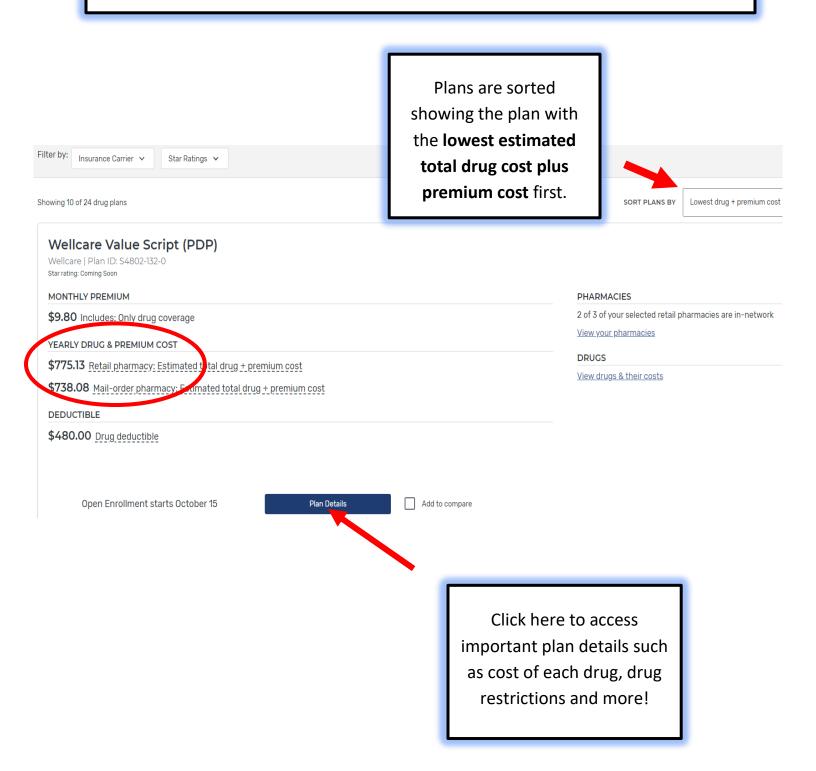
Choose up to 5 pharmacies

Drug costs vary based on the pharmacy you use. Choosing pharmacies lets us show you your estimated drug costs, helping you pick the lowest cost plan. You don't have to choose the pharmacies you currently use. Select the pharmacy you use. ENTER YOUR COMPLETE ADDRESS OR ZIP CODE NAME OF PHARMACY (OPTIONAL) You may select up to 5 53072 Find Pl pharmacies for comparison. Filter by: Distance: 5 miles 🗸 Showing 1-10 of 28 pharmacies near 53072 K KF Mail-order Pharmacy Pharmacy Added Add both mail-order and retail pharmacies to find the JK Lynndale Rd JK lowest cost. KE KF 1. Hayat Pharmacy Telepharmacy Rds Add Pharmacy 1001 Cecelia Dr Suite 200a, Pewaukee, WI 53072 (414) 374-0000

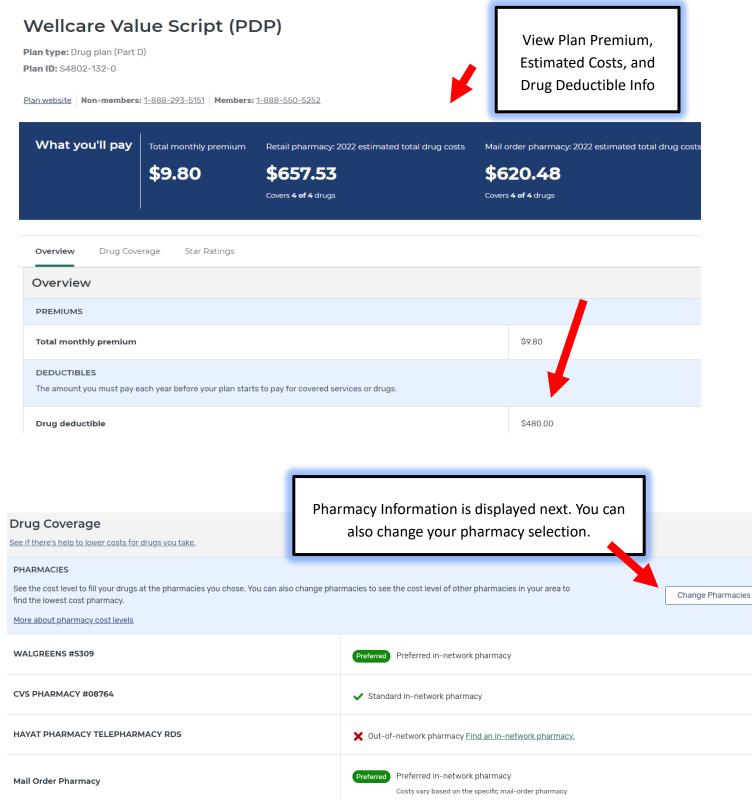
Your selected pharmacies will be displayed at the bottom of the screen. Then click Done.



Your search results will show the available plans.



When the Plan Details Page opens, scroll down to view important information.



YEARLY DRUG COSTS BY PHARMACY

Drug costs shown vary based on the plan and pharmacy that yo

Next, you'll see the full **yearly** cost for each drug at each pharmacy.

nst

	Walgreens #7730 Preferred Preferred in-network pharmacy	Walmart Pharmacy 10-3322 ✓ Standard in-network pharmacy	CVS Pharmacy #04 Preferred Preferre
Albuterol sulfate hfa 108 (90 Base)mcg/act aerosol solution	\$561.53	\$567.63	\$561.53
Atorvastatin 80mg tablet	\$0.00	\$96.00	\$0.00
Clopidogrel 75mg tablet	\$48.00	\$180.00	\$48.00
Tamsulosin hydrochloride 0.4mg capsule	\$48.00	\$180.00	\$48.00
Total yearly drug cost	\$657.53	\$1,023.63	\$657.53

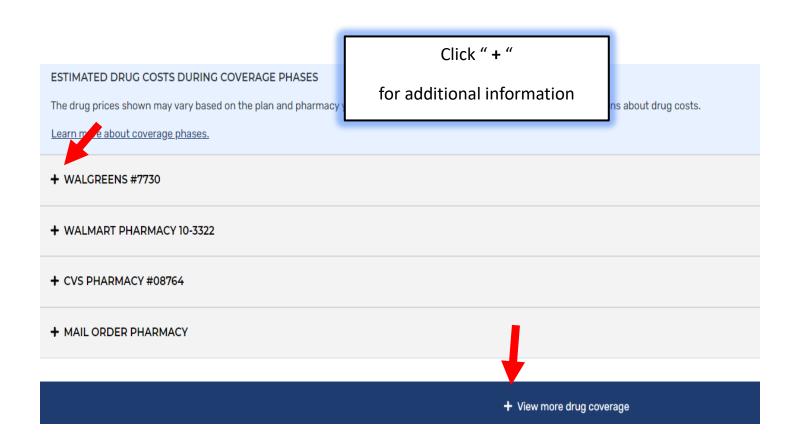
Note the estimated Total Drug + Premium Costs and other important details for each pharmacy.

ESTIMATED TOTAL DRUG + PREMIUM COST Walgreens #7730 **CVS Pharm** Walmart Pharmacy 10-3322 Preferred in-network Preferred Preferred ✓ Standard in-network pharmacy pharmacy Total yearly drug + premium cost \$775.13 \$1,141.23 \$775.13 When you'll meet your deductible November 2022 November 2022 November 20 When you'll enter the coverage gap 🗸 You won't enter the coverage gap in 2022 You won't enter the coverage gap in 2022 You won't en

Estimated Drug Costs for **each month** at each pharmacy

ATED TOTAL	

	Walgreens #7730 Preferred Preferred in-network pharmacy	Walmart Pharmacy 10-3322 ✓ Standard in-network pharmacy	CVS Pharmacy #08764 Preferred Preferred in-network pharmacy	Mail Order F
January	\$55.23	\$85.33	\$55.23	\$155.12
February	\$55.23	\$85.33	\$55.23	-
March	\$55.23	\$85.33	\$55.23	-
April	\$55.23	\$85.33	\$55.23	\$155.12
May	\$55.23	\$85.33	\$55.23	-



This is where you'll see the Drug Costs in different coverage phases

- WALGREENS #7730

	Retail cost	Cost before deductible	Cost after deductible	Cost in coverage gap
Albuterol sulfate hfa 108 (90 Base)mcg/act aerosol solution	\$47.23	\$47.23	\$42.00	\$11.81
Atorvastatin 80mg tablet	\$1.93	\$0.00	\$0.00	\$0.48
Clopidogrel 75mg tablet	\$4.27	\$4.00	\$4.00	\$1.07
Tamsulosin hydrochloride 0.4mg capsule	\$4.27	\$4.00	\$4.00	\$1.07
Monthly totals	\$57.69	\$55.23	\$50.00	\$14.43

By Clicking the "+ View More Drug Coverage" You can view this important information about drug restrictions.

OTHER DRUG INFORMATION			X	
	Tier	Prior authorization	Quantity Limits Amount	Step therapy
Albuterol sulfate hfa 108 (90 Base)mcg/act aerosol solution	Tier 3	-	Quantity Limits Frequency 30 Day(s)	-
Atorvastatin 80mg tablet	Tier 1	-	Yes	_
Clopidogrel 75mg tablet	Tier 2	-	-	-
Tamsulosin hydrochloride 0.4mg capsule	Tier 2	-	-	-

As you scroll down you will see your drug list. Remember, you can only view this information if you clicked View More Drug Coverage.

If you need to make any changes to your drug list, click Change Drug.

MY DRUG LIST				Change Drugs
	Package	Quantity	Frequency	Brand/Generic
Albuterol sulfate hfa 108 (90 Base)mcg/act aerosol solution	18gm inhaler	1	Every month	Generic
Atorvastatin 80mg tablet		30	Every month	Generic
Clopidogrel 75mg tablet		30	Every month	Generic
Tamsulosin hydrochloride 0.4mg capsule		30	Every month	Generic

As you Scroll down to the bottom of the plan details page, you'll be able to see the star ratings when they are available. Chemotherapy drugs Not covered Other Part B drugs Overall star rating Overall rating is based on the categories below.

To Enroll in a plan,

- Click the **Enroll** Button from the **Results Page.**
- Enter the information requested.
- Be sure to **Print Confirmation Page!**

WellCare Value So Wellcare | Plan ID: S4802-132

Star rating: ★★★☆

MONTHLY PREMIUM		
\$14.80 Includes: Only drug coverage		
YEARLY DRUG & PREMIUM COST		
\$150.66 Retail pharmacy: Estimated	total drug + premium cost	
\$198.22 Mail-order pharmacy: Estima	ed total drug + premium cost	
DEDUCTIBLE		
\$445.00 <u>Drug deductible</u>		
Enroll	Plan Details	Add to compare

Other options for enrolling:

- Call the plan directly
- Call Medicare at 1-800-633-4227

For Questions or Assistance with Plan Comparisons:

Medicare: 1-800-633-4227

WI Medigap Prescription Drug Helpline: 1-855-677-2783 (Ages 60 and over)

Disability Drug Benefit Helpline: 1-800-926-4862 (Under age 60)



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